

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 12 2005

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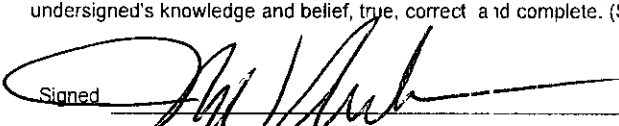
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5760	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael V Nelson P.O. Box, Bldg., Room No., if any Street 7441 Hampshire Avenue N City Brooklyn Park State Minnesota ZIP Code + 4 55428	4. Name, file number, and address of labor organization. Name Lakes & Plains Regional Council of Carpenters Labor Organization File Number 528543 P.O. Box, Building and Room Number, if any Street 700 Olive Street City St. Paul State Minnesota ZIP Code + 4 55101
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/10/05 Date	763-561-2795 Telephone Number

Name of Person Filing Michael Nelson

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Amalgamated Transit Union Local 1005 PAC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 438

Street 312 Central Ave N

City Minneapolis

State Minnesota ZIP Code + 4 55414

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$300

Name of Person Filing Michael Nelson	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Committee of Thirteen Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2318 Vincent Ave N City Minneapolis State Minnesota ZIP Code +4 55411	14.a. Nature of payment. Campaign Contribution
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment <div align="right">\$250</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Communication Workers of America Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3521 East Lake Street City Minneapolis State Minnesota ZIP Code - 4 55406	14.a. Nature of payment. Campaign Contribution
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <div align="right">\$200</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name CUVOL Credit Union Volunteer Committee Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2788 East 82nd Street City Bloomington State Minnesota ZIP Code: + 4 55425	14.a. Nature of payment. Campaign Contribution
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. <div align="right">\$200</div>

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Education Minnesota Osseo PAC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any #126

Street 10200 73rd Avenue North

City Maple Grove

State Minnesota ZIP Code +4 55369

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment

\$250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IBEW Local 292 Political Education Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 292

Street 312 Central Avenue SE

City Minneapolis

State Minnesota ZIP Code +4 55414-1087

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lakes & Plains Regional Council of Carpenter

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Olive Street

City St. Paul

State Minnesota ZIP Code +4 55101

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment

\$250

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Local 851 Political Action Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1534 South Ferry Street

City Anoka

State Minnesota ZIP Code + 4 55303

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment

\$500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Mah Mah Wi No Min Fund 1

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Washington Avenue South

City Minneapolis

State Minnesota ZIP Code - 4 55401

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Minnesota AFL-CIO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 175 Aurora Avenue

City St. Paul

State Minnesota ZIP Code + 4 55103

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$250

Name of Person Filing Michael Nelson

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Minnesota Drive

Trade Name, if any: Teamsters

P.O. Box, Bldg., Room No., if any

Street 3001 University Avenue SE

City Minneapolis

State Minnesota

ZIP Code + 4 55414

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐

or Consultant



?

14.b. Amount of payment.

\$300

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Minnesota Trial PAC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 706 Second Avenue Sout

City Minneapolis

State Minnesota

ZIP Code + 4 55402

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐

or Consultant



?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name PAL 9 National Association of Letter Carrier

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11581 Ilex Street NW

City Coon Rapids

State Minnesota

ZIP Code + 4 55448-2316

14.a. Nature of payment.

Campaign Contribution

13.b. Is the Business an Employer ☐

or Consultant



?

14.b. Amount of payment.

\$300

Name of Person Filing Michael Nelson	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Pipe Fitters Local 539 Political Action Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Room 334 Street 312 Central Avenue City Minneapolis State Minnesota ZIP Code + 4 55414	14.a. Nature of payment. Campaign Contribution
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment <div align="right">\$250</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.